

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/089539		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1				51		
2				1			52		
3					1		53		
4				1			54		
5				1			55		
6				1			56		
7				1			57		
8				1			58		
9				1			59		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			1				TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS			1				TOTAL CLAIMS		